



September 2024 Robert L. Craig Elementary

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
2	3	4	5	6
9	10	11	12	13
Chicken Nuggets & Fries	Cheeseburger on a Bun w/ Fries	Pizza Crunchers	French Toast Sticks w/ Cheese Sticks & Syrup	Pizzeria Pizza
Weekly Alternate: Macaroni & Cheese w/ Dinner Roll				
16	17	18	19	20
Crispy Chicken Patty on a Bun w/ Cheese	Meatball Parm Hero	Macaroni & Cheese w/ a Dinner Roll	Maple Pancakes w/ Cheese Sticks & Syrup	Pizzeria Pizza
Weekly Alternate: Big Daddy's Pizza				
23	24	25	26	27
Chicken Tenders w/ Buttered Noodles	Beef Burrito w/ Rice & Cheese	Pasta & Meatballs w/ Cheese & Dinner Roll	Maple Waffles w/ Cheese Sticks Syrup	Pizzeria Pizza
Weekly Alternate: Waffles w/ Cheese Sticks &				
30				
Chicken Nuggets w/ Mac & Cheese				
Weekly Alternate: Pasta w/ Marinara Sauce & a Dinner Roll				

A Complete Lunch Includes:
Entrée (with Protein/Grain)
Trip to The Farm Stand
(students must select at least a serving of fruit or vegetable)
Hormone-Free Milk

Menu Subject to Change

Your comments are important to us. Please e-mail us at comments@pomptonian.com

Also Available on the Daily
Chicken Caesar Wrap
Yogurt – Bagel – Cheese Stick Bag
Hot Dog on a Bun
Italian Hero Sandwich



Locally Grown Fruit



Locally Grown Vegetable

Allergy Aware menus are available for students with food allergies. For more information contact your Food Service Director or see our Food Allergy Best Practices at www.pomptonian.com.



September 2024

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MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
2	3	4	5 Bagel w/ Cream Cheese	6 Maple Waffles w/ Syrup
9 Whole Grain Chocolate Chip Muffin	10 Cereal Kit	11 Cinnabar	12 Bagel w/ Cream Cheese	13 Maple Waffles w/ Syrup
16 Whole Grain Chocolate Muffin	17 Cereal Kit	18 Cinnabar	19 Bagel w/ Cream Cheese	20 Maple Waffles w/ Syrup
23 Whole Grain Chocolate Muffin	24 Cereal Kit	25 Cinnabar	26 Bagel w/ Cream Cheese	27 Maple Waffles w/ Syrup
30 Whole Grain Chocolate Chip Muffin				



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MOONACHIE

Robert L. Craig Elementary School
ORDER FORM

September
2024

Please indicate your breakfast and lunch choice by including the code from the list below in the appropriate box for the days you would like to order. Return each form to the school by 9:00 a.m. on the due date indicated in an ENVELOPE with the exact money OR check made payable to the "Moonachie Board of Education."

Breakfast Codes: [B1] Daily Breakfast

Lunch Codes:

- [H1] Daily Hot
- [H2] Hot Alternative
- [W] Chicken Caesar Wrap
- [Y] Yogurt Bagel Bag
- [HD] Hot Dog on a Bun
- [D] Italian Hero

Breakfast: 3.00
Reduced Breakfast: No Charge
Free Breakfast: No Charge

Lunch: 4.50
Reduced Lunch: No Charge
Free Lunch: No Charge

"This institution is an equal opportunity provider."

Tear at this line and return in an ENVELOPE.

DAY	BREAKFAST	LUNCH
MON 2		
TUE 3		
WED 4		
THU 5		
FRI 6		
TOTAL \$:		

Please check if your student receives
 Free Lunch

STUDENT'S NAME _____

TEACHER _____ ROOM # _____

CONTACT PHONE # _____ TOTAL \$ _____

NOTE TO FREE BREAKFAST/LUNCH RECIPIENTS:
If you plan to participate in the lunch program, you **must** fill out and return this form.

Please return form by August 27th

DAY	BREAKFAST	LUNCH
MON 9		
TUE 10		
WED 11		
THU 12		
FRI 13		
TOTAL \$:		

Please check if your student receives
 Free Lunch

STUDENT'S NAME _____

TEACHER _____ ROOM # _____

CONTACT PHONE # _____ TOTAL \$ _____

NOTE TO FREE BREAKFAST/LUNCH RECIPIENTS:
If you plan to participate in the lunch program, you **must** fill out and return this form.

Please return form by ber September 3rd

DAY	BREAKFAST	LUNCH
MON 16		
TUE 17		
WED 18		
THU 19		
FRI 20		
TOTAL \$:		

Please check if your student receives
 Free Lunch

STUDENT'S NAME _____

TEACHER _____ ROOM # _____

CONTACT PHONE # _____ TOTAL \$ _____

NOTE TO FREE BREAKFAST/LUNCH RECIPIENTS:
If you plan to participate in the lunch program, you **must** fill out and return this form.

Please return form by September 10th

DAY	BREAKFAST	LUNCH
MON 23		
TUE 24		
WED 25		
THU 26		
FRI 27		
TOTAL \$:		

Please check if your student receives
 Free Lunch

STUDENT'S NAME _____

TEACHER _____ ROOM # _____

CONTACT PHONE # _____ TOTAL \$ _____

NOTE TO FREE BREAKFAST/LUNCH RECIPIENTS:
If you plan to participate in the lunch program, you **must** fill out and return this form.

Please return form by September 17th

DAY	BREAKFAST	LUNCH
MON 30		
TUE		
WED		
THURS		
FRI		
TOTAL \$:		

Please check if your student receives
 Free Lunch

STUDENT'S NAME _____

TEACHER _____ ROOM # _____

CONTACT PHONE # _____ TOTAL \$ _____

NOTE TO FREE BREAKFAST/LUNCH RECIPIENTS:
If you plan to participate in the lunch program, you **must** fill out and return this form.

Please return form by September 24th